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|                                                                                                                                 |  |                                                                                                                                                                                                                               |            |                                             |                                                                                           |                  |                           |              |                                       |                                                                                          |  |              |  |                        |                                                |           |  |   |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------|-------------------------------------------------------------------------------------------|------------------|---------------------------|--------------|---------------------------------------|------------------------------------------------------------------------------------------|--|--------------|--|------------------------|------------------------------------------------|-----------|--|---|--|
| PATENT APPLICATION FEE DETERMINATION RECORD                                                                                     |  |                                                                                                                                                                                                                               |            |                                             | Application or Docket Number<br>10/554,054                                                |                  | Filing Date<br>10/24/2005 |              | <input type="checkbox"/> To be Mailed |                                                                                          |  |              |  |                        |                                                |           |  |   |  |
| APPLICATION AS FILED – PART I                                                                                                   |  |                                                                                                                                                                                                                               |            |                                             | OTHER THAN<br>SMALL ENTITY                                                                |                  |                           |              |                                       |                                                                                          |  |              |  |                        |                                                |           |  |   |  |
| (Column 1)                                                                                                                      |  |                                                                                                                                                                                                                               | (Column 2) |                                             | SMALL ENTITY <input type="checkbox"/>                                                     |                  | OR                        |              |                                       | SMALL ENTITY                                                                             |  |              |  |                        |                                                |           |  |   |  |
| FOR                                                                                                                             |  | NUMBER FILED                                                                                                                                                                                                                  |            | NUMBER EXTRA                                |                                                                                           | RATE (\$)        |                           | FEE (\$)     |                                       | RATE (\$)                                                                                |  | FEE (\$)     |  |                        |                                                |           |  |   |  |
| <input checked="" type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                  |  | N/A                                                                                                                                                                                                                           |            | N/A                                         |                                                                                           | N/A              |                           |              |                                       | N/A                                                                                      |  | 300          |  |                        |                                                |           |  |   |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            |  | N/A                                                                                                                                                                                                                           |            | N/A                                         |                                                                                           | N/A              |                           |              |                                       | N/A                                                                                      |  |              |  |                        |                                                |           |  |   |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |  | N/A                                                                                                                                                                                                                           |            | N/A                                         |                                                                                           | N/A              |                           |              |                                       | N/A                                                                                      |  |              |  |                        |                                                |           |  |   |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                |  | minus 20 =                                                                                                                                                                                                                    |            | *                                           |                                                                                           | X \$ =           |                           |              |                                       | OR                                                                                       |  | X \$ =       |  |                        |                                                |           |  |   |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |  | minus 3 =                                                                                                                                                                                                                     |            | *                                           |                                                                                           | X \$ =           |                           |              |                                       | X \$ =                                                                                   |  |              |  |                        |                                                |           |  |   |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |  | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |            |                                             |                                                                                           |                  |                           |              |                                       |                                                                                          |  |              |  |                        |                                                |           |  |   |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |  |                                                                                                                                                                                                                               |            |                                             |                                                                                           |                  |                           |              |                                       |                                                                                          |  |              |  |                        |                                                |           |  |   |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |  |                                                                                                                                                                                                                               |            |                                             | TOTAL                                                                                     |                  | TOTAL                     |              | 300                                   |                                                                                          |  |              |  |                        |                                                |           |  |   |  |
| APPLICATION AS AMENDED – PART II                                                                                                |  |                                                                                                                                                                                                                               |            |                                             | OTHER THAN<br>SMALL ENTITY                                                                |                  |                           |              |                                       | OR                                                                                       |  |              |  |                        | SMALL ENTITY                                   |           |  |   |  |
| AMENDMENT<br><br><b>10/23/2008</b>                                                                                              |  | (Column 1)                                                                                                                                                                                                                    |            | (Column 2)                                  |                                                                                           | (Column 3)       |                           | SMALL ENTITY |                                       | OR                                                                                       |  | SMALL ENTITY |  |                        |                                                |           |  |   |  |
|                                                                                                                                 |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                                                                           | PRESENT<br>EXTRA |                           | RATE (\$)    |                                       | ADDITIONAL<br>FEE (\$)                                                                   |  | RATE (\$)    |  | ADDITIONAL<br>FEE (\$) |                                                |           |  |   |  |
|                                                                                                                                 |  | Total (37 CFR<br>1.16(i))                                                                                                                                                                                                     |            | * 7                                         |                                                                                           | Minus            |                           | ** 26        |                                       | = 0                                                                                      |  | X \$ =       |  | OR                     |                                                | X \$ 52=  |  | 0 |  |
|                                                                                                                                 |  | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                               |            | * 1                                         |                                                                                           | Minus            |                           | ***3         |                                       | = 0                                                                                      |  | X \$ =       |  | OR                     |                                                | X \$ 220= |  | 0 |  |
|                                                                                                                                 |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |            |                                             |                                                                                           |                  |                           |              |                                       |                                                                                          |  |              |  |                        |                                                |           |  |   |  |
|                                                                                                                                 |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |            |                                             |                                                                                           |                  |                           |              |                                       |                                                                                          |  |              |  |                        |                                                |           |  |   |  |
| TOTAL ADD'L<br>FEE                                                                                                              |  |                                                                                                                                                                                                                               |            |                                             | OR                                                                                        |                  | TOTAL ADD'L<br>FEE        |              |                                       |                                                                                          |  | OR           |  | 0                      |                                                |           |  |   |  |
| (Column 1)                                                                                                                      |  |                                                                                                                                                                                                                               |            |                                             | (Column 2)                                                                                |                  | (Column 3)                |              | AMENDMENT                             |                                                                                          |  |              |  | AMENDMENT              |                                                |           |  |   |  |
| AMENDMENT                                                                                                                       |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                                                                           | PRESENT<br>EXTRA |                           | RATE (\$)    |                                       | ADDITIONAL<br>FEE (\$)                                                                   |  | RATE (\$)    |  | ADDITIONAL<br>FEE (\$) |                                                |           |  |   |  |
|                                                                                                                                 |  | Total (37 CFR<br>1.16(i))                                                                                                                                                                                                     |            | *                                           |                                                                                           | Minus            |                           | **           |                                       | =                                                                                        |  | X \$ =       |  | OR                     |                                                | X \$ =    |  |   |  |
|                                                                                                                                 |  | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                               |            | *                                           |                                                                                           | Minus            |                           | ***          |                                       | =                                                                                        |  | X \$ =       |  | OR                     |                                                | X \$ =    |  |   |  |
|                                                                                                                                 |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |            |                                             |                                                                                           |                  |                           |              |                                       |                                                                                          |  |              |  |                        |                                                |           |  |   |  |
|                                                                                                                                 |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |            |                                             |                                                                                           |                  |                           |              |                                       |                                                                                          |  |              |  |                        |                                                |           |  |   |  |
|                                                                                                                                 |  | TOTAL ADD'L<br>FEE                                                                                                                                                                                                            |            |                                             |                                                                                           |                  | OR                        |              | TOTAL ADD'L<br>FEE                    |                                                                                          |  |              |  | OR                     |                                                | 0         |  |   |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |  |                                                                                                                                                                                                                               |            |                                             | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". |                  |                           |              |                                       | *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". |  |              |  |                        | Legal Instrument Examiner:<br>/KIMBERLY JONES/ |           |  |   |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                                                                                                                                                                                                               |            |                                             |                                                                                           |                  |                           |              |                                       |                                                                                          |  |              |  |                        |                                                |           |  |   |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

If the "Highest Number Previously Paid For" IN THIS STATE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

### Legal Instrument Examiner:

**Legal Instrument Ex  
/KIMBERLY JONES/**